



House of Representatives

General Assembly

File No. 701

January Session, 2003

Substitute House Bill No. 6689

House of Representatives, May 14, 2003

The Committee on Public Health reported through REP. FELTMAN of the 6th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING MEDICATION IN SCHOOL.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 10-208a of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective July 1, 2003*):

3 Each local and regional board of education shall honor written
4 notice submitted by a licensed practitioner [of the healing arts, as
5 defined in section 20-1,] which places physical restrictions upon any
6 pupil enrolled in the public schools of such board of education. For
7 purposes of this section, licensed practitioner means any person who is
8 licensed to practice under chapter 370, 372, 373 or 375 or section 20-
9 94a.

10 Sec. 2. Section 10-212a of the general statutes is repealed and the
11 following is substituted in lieu thereof (*Effective October 1, 2003*):

12 (a) A school nurse or, in the absence of such nurse, any other nurse
13 licensed pursuant to the provisions of chapter 378, including a nurse

14 employed by, or providing services under the direction of a local or
15 regional board of education at, a school-based health clinic, who shall
16 administer medical preparations only to students enrolled in such
17 school-based health clinic in the absence of a school nurse, the
18 principal, any teacher, licensed physical or occupational therapist
19 employed by a school district, or coach of intramural and
20 interscholastic athletics of a school may administer medicinal
21 preparations, including such controlled drugs as the Commissioner of
22 Public Health may, by regulation, designate, to any student at such
23 school pursuant to the written order of a physician licensed to practice
24 medicine or a dentist licensed to practice dental medicine in this or
25 another state, or an advanced practice registered nurse licensed to
26 prescribe in accordance with section 20-94a, or a physician assistant
27 licensed to prescribe in accordance with section 20-12d, and the written
28 authorization of a parent or guardian of such child. The administration
29 of medicinal preparations by a nurse licensed pursuant to the
30 provisions of chapter 378, a principal, teacher, licensed physical or
31 occupational therapist employed by a school district, or coach shall be
32 under the general supervision of a school nurse. No such school nurse
33 or other nurse, principal, teacher, licensed physical or occupational
34 therapist employed by a school district, or coach shall be liable to such
35 student or a parent or guardian of such student for civil damages for
36 any personal injuries which result from acts or omissions of such
37 school nurse or other nurse, principal, teacher, licensed physical or
38 occupational therapist employed by a school district, or coach in
39 administering such preparations which may constitute ordinary
40 negligence. This immunity shall not apply to acts or omissions
41 constituting gross, wilful or wanton negligence.

42 (b) Each school wherein any controlled drug is administered under
43 the provisions of this section shall keep such records thereof as are
44 required of hospitals under the provisions of subsections (f) and (h) of
45 section 21a-254 and shall store such drug in such manner as the
46 Commissioner of Public Health shall, by regulation, require.

47 (c) The Commissioner of [Public Health] Education, in consultation

48 with the Commissioner of Public Health, may adopt regulations, in
49 accordance with the provisions of chapter 54, that specify conditions
50 under which a coach of intramural and interscholastic athletics may
51 administer medicinal preparations, including controlled drugs
52 specified in the regulations adopted by the [commissioner]
53 Commissioner of Public Health, to a child participating in such
54 intramural and interscholastic athletics. The regulations shall require
55 authorization pursuant to: (1) The written order of a physician licensed
56 to practice medicine or a dentist licensed to practice dental medicine in
57 this or another state, an advanced practice registered nurse licensed
58 under chapter 378, a physician assistant licensed under chapter 370, a
59 podiatrist licensed under chapter 375 or an optometrist licensed under
60 chapter 380; and (2) the written authorization of a parent or guardian
61 of such child.

62 (d) A school nurse supervisor and a school medical advisor may
63 jointly preapprove a plan that shall include training for an identified
64 school paraprofessional to administer medication in a premeasured
65 injection device to a specific student with a medically diagnosed
66 allergic condition which may require prompt treatment in order to
67 protect the student against serious harm or death.

68 Sec. 3. Subsection (a) of section 10-220a of the general statutes is
69 repealed and the following is substituted in lieu thereof (*Effective July*
70 *1, 2003*):

71 (a) Each local or regional board of education shall provide an in-
72 service training program for its teachers, administrators and pupil
73 personnel who hold the initial educator, provisional educator or
74 professional educator certificate. Such program shall provide such
75 teachers, administrators and pupil personnel with information on (1)
76 the nature and the relationship of drugs, as defined in subdivision (17)
77 of section 21a-240, and alcohol to health and personality development,
78 and procedures for discouraging their abuse, (2) health and mental
79 health risk reduction education which includes, but need not be
80 limited to, the prevention of risk-taking behavior by children and the

81 relationship of such behavior to substance abuse, pregnancy, sexually
82 transmitted diseases, including HIV-infection and AIDS, as defined in
83 section 19a-581, violence, child abuse and youth suicide, (3) the growth
84 and development of exceptional children, including handicapped and
85 gifted and talented children and children who may require special
86 education, including, but not limited to, children with attention-deficit
87 hyperactivity disorder or learning disabilities, and methods for
88 identifying, planning for and working effectively with special needs
89 children in a regular classroom, (4) school violence prevention and
90 conflict resolution, (5) cardiopulmonary resuscitation and other
91 emergency life saving procedures, (6) computer and other information
92 technology as applied to student learning and classroom instruction,
93 communications and data management, and (7) the teaching of the
94 language arts, reading and reading readiness for teachers in grades
95 kindergarten to three, inclusive. The State Board of Education, within
96 available appropriations and utilizing available materials, shall assist
97 and encourage local and regional boards of education to include: (A)
98 Holocaust education and awareness; (B) the historical events
99 surrounding the Great Famine in Ireland; (C) African-American
100 history; (D) Puerto Rican history; (E) Native American history; (F)
101 personal financial management; and (G) topics approved by the state
102 board upon the request of local or regional boards of education as part
103 of in-service training programs pursuant to this subsection.

104 Sec. 4. (NEW) (*Effective July 1, 2003*) (a) No local or regional board of
105 education may prohibit blood glucose self-testing by children with
106 diabetes who have a written order from a physician stating the need
107 and the capability of such child to conduct self-testing.

108 (b) The Commissioner of Education, in consultation with the
109 Commissioner of Public Health, shall adopt regulations, in accordance
110 with chapter 54 of the general statutes, describing policies and
111 practices with respect to blood glucose self-testing by children
112 pursuant to subsection (a) of this section.

113 Sec. 5. Section 10-212b of the general statutes is repealed and the

114 following is substituted in lieu thereof (*Effective July 1, 2003*):

115 (a) For purposes of this section, (1) "psychotropic drugs" means
116 prescription medications for behavioral or social-emotional concerns,
117 such as attentional deficits, impulsivity, anxiety, depression and
118 thought disorders, and includes, but is not limited to, stimulant
119 medication and antidepressants, and (2) "school health or mental
120 health personnel" means school nurses or nurse practitioners
121 appointed pursuant to section 10-212, school medical advisors
122 appointed pursuant to section 10-205, school psychologists, school
123 social workers, school counselors and such other school personnel who
124 have been identified as the person responsible for communication with
125 a parent or guardian about a child's need for medical evaluation
126 pursuant to a policy adopted by a local or regional board of education
127 as required by subsection (b) of this section.

128 (b) Each local and regional board of education shall adopt and
129 implement policies prohibiting any school personnel from
130 recommending the use of psychotropic drugs for any child. Such
131 policies shall set forth procedures (1) for communication between
132 school health or mental health personnel and other school personnel
133 about a child who may require a recommendation for a medical
134 evaluation, (2) establishing the method in which school health or
135 mental health personnel communicate a recommendation to a parent
136 or guardian that such child be evaluated by an appropriate medical
137 practitioner, and (3) for obtaining proper consent from a parent or
138 guardian of a child for the school health or mental health personnel to
139 communicate about such child with a medical practitioner outside the
140 school who is not a school employee. The provisions of this section
141 shall not prohibit (A) school [medical staff] health or mental health
142 personnel from recommending that a child be evaluated by an
143 appropriate medical practitioner, [or prohibit] (B) school personnel
144 from consulting with such practitioner with the consent of the parents
145 or guardian of such child, (C) the planning and placement team from
146 recommending a medical evaluation as part of an initial evaluation or
147 reevaluation, as needed to determine a child's (i) eligibility for special

148 education and related services, or (ii) educational needs for an
149 individualized education program.

This act shall take effect as follows:	
Section 1	<i>July 1, 2003</i>
Sec. 2	<i>October 1, 2003</i>
Sec. 3	<i>July 1, 2003</i>
Sec. 4	<i>July 1, 2003</i>
Sec. 5	<i>July 1, 2003</i>

PH *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact: None

Municipal Impact:

Municipalities	Effect	FY 04 \$	FY 05 \$
Local and Regional School Districts	Cost	Minimal	Minimal

Explanation

The bill's requirement concerning children with attention-deficit hyperactivity or learning disabilities with regard to in-service training may require some school districts to alter their in-service training programs. Any alterations are expected to result in minimal costs that each district can accommodate within their currently available resources.

All other sections of the bill are technical and/or have no fiscal impact.

OLR Bill Analysis**sHB 6689*****AN ACT CONCERNING MEDICATION IN SCHOOL*****SUMMARY:**

This bill:

1. requires school boards to let diabetic students test their own glucose levels in school if a physician's written order states the student needs to self-test and is capable of doing so;
2. expands the types of school personnel who can administer medication to students under certain circumstances;
3. specifies the school personnel who can recommend medical evaluations for students, requires school board policies to address procedures for recommending such evaluations, and clarifies and expands the provisions of the law requiring school boards to adopt policies prohibiting school personnel from recommending psychotropic drugs for a child;
4. requires school boards to honor advanced practice registered nurses' (APRNs) orders restricting a student's physical activity in school; and
5. explicitly requires in-service programs on the development of exceptional children that school districts must offer for certified school personnel to cover students with attention-deficit hyperactivity disorder (ADHD) and learning disabilities.

The bill also makes a technical change.

EFFECTIVE DATE: July 1, 2003, except for the provision concerning glucose self-testing by students, which takes effect October 1, 2003.

GLUCOSE SELF-TESTING IN SCHOOL (§ 2)

The bill bars school boards from prohibiting a child with diabetes from

testing his own blood glucose level if the student has a physician's written order saying he needs to conduct, and is capable of conducting, the self-testing. It requires the education commissioner to consult with the commissioner of public health and adopt regulations on policies and practices for children's glucose self-testing under the bill.

ADMINISTERING MEDICATION IN SCHOOL (§ 2)

Students with Allergies

The bill allows a school nurse supervisor and school medical advisor to jointly "preapprove" a plan for a specific school paraprofessional to give medication in a premeasured injection device to a particular student who has a diagnosed allergy that may require prompt treatment to avoid serious harm or death. (It is not clear whether preapproval of the plan constitutes approval or if a separate action is required.) It requires the plan to include training for the paraprofessional.

Physical and Occupational Therapists

The bill allows a licensed physical or occupational therapist employed by a school district, in the absence of the school nurse and under the nurse's general supervision, to give a student medicine according to the (1) written order of a licensed physician, dentist, APRN, or physician assistant and (2) written authorization by the student's parent or guardian. Under current law, only the following school personnel can give medicine under these circumstances: any licensed nurse, the principal, any teacher, or an intramural or interscholastic athletic coach.

The bill also extends the existing immunity from liability for negligent acts or omissions by school personnel giving medicine under these circumstances to include these licensed physical and occupational therapists.

Regulations on Coaches Giving Medication

The bill authorizes the education commissioner rather than the public health commissioner to adopt regulations specifying the conditions under which coaches can give medicine to students participating in intramural or interscholastic athletics. It requires the education

commissioner to consult with the public health commissioner about any such regulations.

SCHOOL POLICIES ON RECOMMENDING PUPIL MEDICAL EVALUATIONS AND PSYCHOTROPIC DRUGS (§ 5)

The bill requires mandatory school board policies prohibiting school personnel from recommending psychotropic drugs for children to include procedures (1) for school health or mental health personnel and other school personnel to communicate with each other about children who may need to be recommended for a medical evaluation, (2) establishing how school health or mental health personnel should communicate the need for evaluation to the children's parents or guardian, and (3) for obtaining proper consent from parents or guardians for the school health or mental health personnel to talk about the children with outside medical practitioners.

Under the bill, the school health and mental health personnel who can communicate about medical evaluations are (1) nurses, (2) nurse practitioners, (3) medical advisors, (4) psychologists, (5) social workers, (6) school counselors, and (7) other school personnel whom a school board identifies in its policy as responsible for communicating with a parent or guardian about a child's need for medical evaluation.

Current law states that it does not prohibit school "medical staff" from recommending appropriate medical evaluation of a child. The bill specifies that the school medical staff who may recommend the medical evaluations are the personnel listed above.

The bill also specifies that neither its policies nor a school board's procedures prevent a child's planning and placement team from recommending a medical evaluation as part of an initial evaluation or reevaluation needed to determine a child's (1) eligibility for special education and related services or (2) educational needs for an individualized education program.

Finally, the bill defines the psychotropic drugs covered by the school recommendation ban as prescription medications, including stimulants and anti-depressants, for behavioral or social-emotional concerns such as (1) attention deficit, (2) impulsivity, (3) anxiety, (4) depression, and (5) thought disorders.

ORDERS RESTRICTING SCHOOL PHYSICAL ACTIVITY (§ 1)

The bill allows an APRN to give a local or regional school board written notice placing restrictions on a particular pupil's physical activities in school. Under current law, only medical doctors, surgeons, osteopaths, naturopaths, and podiatrists may give the notice.

By law, boards must honor such restrictions.

IN-SERVICE PROGRAMS (§ 3)

The bill explicitly requires the in-service training program on the growth and development of exceptional children that each local and regional board of education must provide for its teachers, administrators, and pupil personnel to cover children with ADHD or learning disabilities. Under current law, the program must cover gifted and talented children and children who may require special education and methods for identifying, planning for, and working effectively with children with special needs in a regular classroom.

BACKGROUND***Related Bill***

sHB 5931 (File 477), reported favorably by the Public Health Committee on April 3 and the Judiciary Committee on May 6, allows school paraprofessionals, nurses, principals, teachers, and coaches to administer epipens ("cartridge injectors") to students with allergies in school, on field trips, and on school buses with a physician's written order and the written authorization of the student's parent or guardian.

Legislative History

On April 30, the House referred this bill (File 517) to the Public health Committee. On May 7, the committee reported a substitute bill that (1) specifies that a paraprofessional can only administer a premeasured dose of medication to a student in an injection device, rather than give him medication in any form; (2) requires the approved plan for the paraprofessional to administer the medicine to include training; (3) allows the education rather than the health commissioner to adopt regulations on coaches giving medicine and requires the education commissioner to consult with the health commissioner on those

regulations instead of vice versa; and (4) requires the education commissioner to adopt regulations rather than develop guidelines, on students' glucose self-testing.

COMMITTEE ACTION

Education Committee

Joint Favorable Substitute

Yea 27 Nay 0

Public Health Committee

Joint Favorable Substitute

Yea 21 Nay 0